ilm:centre مركز العلم

welcome seeker of knowledge

APPLICATION FORM FOR STUDENT ENROLMENT

Student's First Name: ....   Student's Surname: ....

D.O.B: ☐☐/☐☐/☐☐☐☐   Gender: male ☐ female ☐

Address:

Postcode:

Contact no: ....

E-mail:

Next of Kin: ....   Contact no: ....

Course Enrolled:

Signature: ....   Date: ....